

TROY DOMINIC MABON JR

PLAINTIFF/PETITIONER/MOVANT'S NAME

V-70737/B-2-127

PRISON NUMBER

CALIFORNIA STATE PRISON

PLACE OF CONFINEMENT

P.O. BOX 5005 CALIFORNIA, CA, 92233

ADDRESS

2254	1983	<input checked="" type="checkbox"/>
FILING FEE PAID		
Yes	No <input checked="" type="checkbox"/>	
HYP MOTION FILED		
Yes <input checked="" type="checkbox"/>	No	
COPIES SENT TO		
Court <input checked="" type="checkbox"/>	Press	

FILED
2008 FEB 11 PM 4:11
CLERK U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
BY RM DEPUTY

**United States District Court
Southern District Of California**

TROY DOMINIC MABON JR

Plaintiff/Petitioner/Movant

v.

DR SHARON YOUNG, DR. N. BARRERAS
M. T. A. G. SALIZAR, SRD. C. GRAY

Defendant/Respondent

Civil No. **08 CV 0258-JLS-CAB**

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

**MOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERIS**

I, TROY DOMINIC MABON JR

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration CALIFORNIA STATE PRISON

Are you employed at the institution? ☐ Yes ☒ No

Do you receive any payment from the institution? ☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. _____

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. _____

NA

3. In the past twelve months have you received any money from any of the following sources?:

- | | |
|---|---|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Spousal or child support | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Any other sources | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. GIFTS \$ 200.00 NONE

THAT WAS A ONE TIME THING I DON'T BE GETTING MONEY LIKE
THAT I DON'T KNOW IF I'll EVER GET MONEY SENT TO ME AGAIN!!!

4. Do you have any checking account(s)? ☐ Yes ☒ No

- a. Name(s) and address(es) of bank(s): _____
 b. Present balance in account(s): _____

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

- a. Name(s) and address(es) of bank(s): _____
 b. Present balance in account(s): _____

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

- a. Make: _____ Year: _____ Model: _____
 b. Is it financed? ☐ Yes ☐ No
 c. If so, what is the amount owed? _____

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value.

NONE

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

NONE

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

NONE

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]):

NONE

12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

I DON'T HAVE ANY DAY TO DAY EXPENSES!!!

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

1009008

DATE



SIGNATURE OF APPLICANT

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant T. D. Mabon
(NAME OF INMATE)

✓ 70737

(INMATE'S CDC NUMBER)

has the sum of \$ 0 on account to his/her credit at

Calipatria State Prison

(NAME OF INSTITUTION)

I further certify that the applicant has the following securities

to his/her credit according to the records of the aforementioned institution. I further certify that **during**

the past six months the applicant's *average monthly balance* was \$ 45.⁰⁰

and the *average monthly deposits* to the applicant's account was \$ 23.50

ALL PRISONERS **MUST** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT
STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD
IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

17 JAN 2008

DATE

D. Scrivens

SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

D. Scrivens

OFFICER'S FULL NAME (PRINTED)

HC II

OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, TROY DOMINIC MASON JR V-70737, request and authorize the agency holding me in
(Name of Prisoner/ CDC No.)
custody to prepare for the Clerk of the United States District Court for the Southern District of California, a
certified copy of the statement for the past six months of my trust fund account (or institutional equivalent)
activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my
trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to
this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-
10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California,
and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which
I am obligated is either ☒ \$350 (civil complaint) or ☐ \$5 (habeas corpus petition) (check one). I also
understand that this fee will be debited from my account regardless of the outcome of this action. This
authorization shall apply to any other agency into whose custody I may be transferred.

1.09.08

DATE


SIGNATURE OF PRISONER

REC'D JAN 11 2008

CALIFORNIA DEPARTMENT OF CORRECTIONS
 CALIPATRIA STATE PRISON
 INMATE TRUST ACCOUNTING SYSTEM
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JUN. 30, 2007 THRU JAN. 17, 2008

ACCOUNT NUMBER : V70737 BED/CELL NUMBER: FB0200000000127U
 ACCOUNT NAME : MABON, TROY DOMINIC ACCOUNT TYPE: I
 PRIVILEGE GROUP: B

TRUST ACCOUNT ACTIVITY

TRAN	DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
	06/30/2007		BEGINNING BALANCE					0.00
	10/12	DD30	CASH DEPOSIT	MR/ 702123		63.00		63.00
	11/19	FC02	DRAW-FAC 2	B-2 2892			63.00	0.00
	12/06	DD30	CASH DEPOSIT	MR/ 703211		27.00		27.00
	12/17	FC02	DRAW-FAC 2	B-2 3420			27.00	0.00

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 02/04/05 CASE NUMBER: 144197
 COUNTY CODE: ALA FINE AMOUNT: \$ 5,000.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
06/30/2007		BEGINNING BALANCE		4,968.00
10/12/07	DR30	REST DED-CASH DEPOSIT	70.00-	4,898.00
12/06/07	DR30	REST DED-CASH DEPOSIT	30.00-	4,868.00

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
 * IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	90.00	90.00	0.00	0.00	0.00



THE WITHIN INSTRUMENT IS A CORRECT
 COPY OF THE TRUST ACCOUNT MAINTAINED
 BY THIS OFFICE.
 ATTEST:
 CALIFORNIA DEPARTMENT OF CORRECTIONS
 BY *[Signature]*
 TRUST OFFICE

CURRENT
 AVAILABLE
 BALANCE

0.00